DEP.	1133				A 15	NON OF REALIN - STANDARD CERTIFICATE OF DEATH	-03-013)4U 7.
DO NOT WRITE	AHTN		NDE		_	estate on District No. Registrat's No. Primary Registration District No. 30/6 Registrat's No.	STATE FILE N	UMBER
ON THIS STUB		AMI	NDEL			- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
VS 300	AMENDED			_	a. COUNTY 2. USUAL RESIDENCE (Where dece e. STATE Mo. b. CO	An 1	Residence before	
Rev. 4/59	Z			-		b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b C. CITY OR OR	$\mathcal{O}^{\mathcal{A}}$	Inside Limits
	Į		1	- 1		TOWN Jetterson (1+1 10 days Town 1) pton	, 1110-	Yes No
4269			1	-		c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If HOSPITAL OR ADDRESS	outside, give location)	Reside on Farm
3680	DATE				[_	INSTITUTION Still Hospital Yes 12 No	_ ,	Yes 🗆 No 🗆
3	Γ		П		NAME OF DECEASED First Middle Last OF OF DEATH	APRIL 23	1963	
4 0				1	l -	THE TRUE CONTROL DIA		
5 /						Muhite Widowed Divorced Oct. 88, 1917 45	yrs. Months Days	Hours Min.
				1	10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or	country) 12. CITIZEN OF	WHAT. COUNTRY
	S S			-	L	during most of working life, even if retired) NEMAN - CO-MO Electric Co. Big Cabin, OKIA	homa W.S	. A.
7 /	3			1	13	a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14. N	AME OF HUSBAND OR WIFE	
				1	R	obert E. Dix Lyda Richie MA		9 New Kir
8 2	જ્				13	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT.	Address	
9527.2	2			L		cs, no, or unknown) (if yes, give war or dates of NB		NTERVAL BETWEEN
10	<					18. CAUSE OF DEATH (Enter only one cause per mine con (e), (o), and (c), PART 1. DEATH WAS CAUSED BY:	\	INSET AND DEATH
				- CEMI		IMMEDIATE CAUSE (a) Will Primonary Call	w	
11				g		ma a da a Cina a Din Onna		•
127 🤏 🗩 1	HIS REC			ΙĎ		Conditions, if any, DUE TO (b) UNWELLING SALEMAN		
						above cause (a), stating the under-		
/- w	- 1			7	· _	lying cause last. J DUE TO (c)	PART III If days and	was female was
)	Z				Š	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased there a pregnu	was female was ancy in last 90 days
	2		} }		5	Let Total sastrectomy	☐ Yes ☐	No Unknown
	AMENDWEN			·	CERTIFICATION	19. WAS AUTOPSY PERFORMED? YES NO P	injury in PART I or PART I	l of item 18.)
_ [되		•		CAL	20c. TIME OF Hour Month, Day, Year		
JÓ	₹				ÉDIC	INJURY a.m.	•	
RIBBON	1			İ	` ₹	20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, Rof. CITY, TOWN, OR LOCATION	COUNTY	STATE
	1					WHILE AT WORK faetory, street, office bidg., etc.)	4-2	11-2 -
A & #:	READ		İΙ	1		21 Amended the deceased from U/17/63, to 473 6 and lest-saw him a	Tve on 4 / 20.	100
						Deaty occurred at		causes stayed.
USE PEW	SHOULD			Ö		222 SIGNATURE (Degree or title) 225. ADDRESS	N. A.	221. DATE SIGNE
≥	\sigma_2					BURIAL, CREMATION, 23b. DATE 23c. NAME OF GENETRY OR CREMATORY 23d. LOCATION	(City, town, or bunty)	(State)
	ģ			AFFIDA	2:	REMOVAL (Specify) april 26, 1963 TiptoN MASCONIC Cemetery Ti	0 + 0 N	Mo.
	¥ .			AF	-2	DURING DATE DECD BY LOCAL BEG 26 DEGI	STRAR'S SIGNATURE	1 to A
	Ë			⋩		Gerand & Com, Lighton, mar 124 Upril 1963 Krito	res/NA-/UU	culer, Nef
. •	•	•		•		(Licensed Embalmer's Statement on Reverse Side)		U

E961 I 174

STATEMENT BY LICENSED EMBALMER

or by	·	, Student Embalmer No
vorking under my person	nal supervision.	Pet and
rudent		Signed Sichard to. Conn
Signatu	re of Student Embalmer	Licensed Embalmer No. 3/703 P. O. Address Jycan, Mo.
		P. O. Address Justin Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.